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Philadelphia College of Osteopathic Medicine

Department of Psychology

THE DEVELOPMENT OF THE MEASURE OF PERCEIVED OVERSCHEDULING
(MOPS)

By Aaron S. Pollock, MS

Submitted in Partial Fulfillment of the Requirements of the Degree of

Doctor of Psychology

October 2010

**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
DEPARTMENT OF PSYCHOLOGY**

Dissertation Approval

This is to certify that the thesis presented to us by Aaron S. Pollock on the 20th day of May, 2010, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

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Abstract

It has been suggested that extracurricular activity involvement can lead to later behavioral or developmental challenges for children, particularly when children are pressured or overscheduled. Research, however, has shown mixed results in attempts to find a relationship between overinvolvement in activities and emotional/behavioral challenges. However, previous research did not take into consideration the individual's perception of being overscheduled. The Measure of Perceived Over-Scheduling (MOPS) was developed to assess if a difference exists between adolescents who believe they are overinvolved in activities and adolescents who do not hold this belief. The MOPS was subsequently utilized to assess the relationship between perceived overscheduling, self-competence, and internalizing-externalizing symptoms of stress in adolescence.

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Chapter 1

Introduction

Involvement in structured activities can offer a multitude of benefits for children. Research has shown that engaging in extracurricular activities such as team sports, clubs, and music lessons is related to higher levels of psychological adjustment and health-related behaviors in ninth graders (Harrison & Narayan, 2003). Students who participate in such activities are found to be more likely to have a healthy self-image, engage in exercise, and drink milk than those who did not. Furthermore, students who are involved in such activities may be less likely to experience significant emotional distress, suicidal behavior, family substance abuse, and physical and sexual victimization (Harrison & Narayan). Indeed, extracurricular participation has been linked to psychological, behavioral, and academic success in adolescents from grade 9 through grade 12 (Fredricks & Eccles, 2005). However, if children are overinvolved in activities, those activities can also cause great strain and pressure for the child and may lead to developmental challenges (Elkind, 1986; Rosenfeld & Wise, 2000). If pushed too hard to participate, the very activities that may be beneficial may become detrimental. In other words, too much of a good thing may not be so good. Despite this, parents continue to place pressures on their children to add more activities and achieve at the highest of levels (Elkind, 1986).

Overscheduling.

Parents place pressure on children for numerous reasons. In doing so, they sometimes assume that children are more effective at adapting to changes than adults and that children are more sophisticated than they actually are (Elkind, 1986). Because of

some parents' misperceptions concerning children's ability to be flexible, parental desires for their children to be better than others, and the assumption that starting activities at a young age will allow for skill building, some children are being encouraged to participate in more and more activities (Elkind, 1986). Such children are also being expected to perform at levels that may not be typically reached by individuals of their developmental level. The inappropriate pressures brought about by this experience of being overscheduled may lead children to develop stress symptoms including tearfulness, desire to avoid stressors, violent temper tantrums, trouble sleeping, difficulty eating, nail biting, and other behavioral symptoms (Elkind, 1986). Consequently, childhood stress may lead to numerous physiological and psychological consequences, including lowered immune system responsivity, and later development of personality disorders, substance abuse, attachment disorders, adjustment problems, depression and anxiety (Tufnell, 2005; Zorrilla, et al., 2001). Constant stress may also lead to difficulties in developing appropriate levels of self-competence for children.

Self-Competence.

Pressure to excel in developmentally inappropriate tasks at a young age may predispose children to failure (Rosenfeld & Wise, 2000). The experience of failure, coupled with a continued push to achieve, may subsequently lead the child to feel less confident in his or her own capabilities (Rosenfeld & Wise). Furthermore, if the child expresses the desire to stop engaging in the activity, parents may create an environment in which the child is not rewarded for his or her effort and where he or she is led to feel badly about giving up (Rosenfeld & Wise). By being pushed to achieve despite lack of ability or interest, he or she may be made to feel unable to succeed. In other words,

overinvolvement and pressure from parents may directly impede the child's development of self-competence.

Self-competence is a feeling of confidence in being able to achieve success in certain domains (Jambunathan & Hurlbut, 2000). Self-competence consists of an individual's appraisal of self in terms of physical abilities, cognitive skills, social abilities, and general self-worth (Harter, 1982, 1988). Self-competence can act as a child's buffer against psychological stress (Cole, 1991) and has been implicated in the ability to achieve in school (Jambunathan & Hurlbut). If self-competence can be negatively impacted by forced participation in developmentally inappropriate tasks, then children may be less likely to effectively manage stress and achieve. Overscheduling may lead to a lack of ability to believe in oneself which, in turn, may diminish the individual's capacity to overcome adversity.

Purpose of the study.

Although the negative impacts of overscheduling may make intuitive sense, research has shown mixed results in attempts to find a relationship between overinvolvement in activities and later behavioral or developmental challenges (Luthar, Shoum, & Brown, 2006; Melman, 2001). This may be because researchers have focused primarily on the amount of time that children spend involved in tasks and have yet to ask children if they feel overscheduled (Luthar, Shoum & Brown; Melman). The actual time spent in activities may be inconsequential if the child does not feel overwhelmed or pressured by the tasks. The missing factor in the relationship between overscheduling and its detrimental effects may lie in the individual's belief in being overscheduled.

The current study developed a measure to assess if a difference exists between adolescents who believe they are overinvolved in activities and adolescents who do not hold this belief. In order to more fully understand the potential negative impact of perceived overscheduling, the following paper reviewed the theory underlying these concepts and the research addressing these theories. Also, self-competence and stress were defined, and the potential relationship between these constructs and perceived overinvolvement was explored. This information was utilized to develop a measure to assess an adolescent's belief that he or she is involved in too many activities. This measure was subsequently utilized to see if there may be a relationship between perceived overscheduling, challenges with self-competence, and internalizing-externalizing symptoms of stress in adolescence.

Chapter 2

Review of the Literature

The hurried child phenomenon.

According to developmental psychologist David Elkind, a shift has occurred in United States society in regards to how adults view childhood and how parents raise their children (2001). This shift has taken the focus away from tasks that are developmentally appropriate for the child and turned the focus of childhood toward growing up faster, building skills, and participating in increasingly more adult-like behaviors. In essence, children are no longer allowed to be kids and are being hurried through childhood (Elkind, 1986). As part of this shift, children are increasingly expected to participate in extracurricular activities, such as competitive sports and camps. Activity participation is encouraged not for the sake of merely participating and engaging for fun, but in order to develop and perfect skills and abilities on par with those of adults (Elkind, 2001). Children are expected to participate in numerous activities, to achieve in every aspect of their lives, and to develop skills so they can continue to participate at the highest levels. Some parents may drive children to participate in specific activities of the parents' choosing either to develop skills in a sport or other activity earlier than others, perhaps as a means of competing with other parents (Elkind, 1986). Children, however, thrive on stability, and any pressures that they experience should be appropriate for their developmental level (Elkind, 1986). Inappropriate pressures place the needs of the parents before the needs of the child and force children to face challenges that are beyond what they are developmentally equipped to handle (Elkind, 1986). This focus on hurrying children into adult-like behavior may have dire consequences.

The rates of physical problems associated with adult exposure to stress such as stomachache, allergies, higher cholesterol levels, increased presence of heart disease risk factors, obesity, and headaches, are more common in today's children than in previous generations (Elkind, 2001). Furthermore, Type A behaviors (including being excitable, competitive, and demanding) have been seen in children and have been correlated with achievement pressures from parents. Also of note is the increase in frequency and intensity of school violence in recent years (Elkind, 2001). The increase in school violence is a stressor that impedes children's ability to learn (Elkind, 2001). Threats of violence make children less likely to talk in class due to fears of recrimination from peers. Violence in schools makes children less willing to attend school and leads children to miss school because they feel unsafe (Elkind, 2001). These factors make it difficult for children to learn and make participating in educational settings yet another stressor for children.

It may also be noteworthy to consider the effect of engaging in adult-like behavior on the risky behavioral choices of some adolescents. According to Elkind (2001), the pressures of hurrying children into adult-like behavior usually manifest as negative consequences in adolescence. During the stage of adolescence, children who are told by society to grow up fast may feel betrayed because they are expected to remain children. During this period, certain adult behaviors are still considered inappropriate, but children who are led to believe they are adults rebel and engage in inappropriate activities, including sexual intercourse, smoking, drinking, and driving, because they believe they are mature enough to do so (Elkind, 2001).

Luthar and Becker (2002) provided support for Elkind's hurried child hypothesis. Luthar and Becker (2002) uncovered a relationship between achievement pressure and isolation from parents and depressive symptoms, substance use, internalizing symptoms, and peer approval of substance use in suburban teens. A total of 302 students in the sixth and seventh grades were participants in this study. The sample contained 168 sixth graders and 134 seventh graders. The participants were recruited from an affluent community in the northeastern United States with a regional median income of \$102,000 (Luthar & Becker).

Information was obtained about each participant's level of maladjustment, achievement pressure, isolation from adults, peer relations, and academic functioning (Luthar & Becker). The study participants completed the Children's Depression Inventory (CDI) as a measure of depressive symptoms, the Revised Children's Manifest Anxiety Scale (RCMAS) as a measure of anxiety, the Self-Report Delinquency Scale (SRD) as a measure of delinquent behavior, and a grid that was designed to track frequency of substance use. Next, participants completed the Multidimensional Perfectionism Scale (MPS) to assess concern over mistakes, self-doubt about behaviors, expectations from parents, criticism from parents, ability to stay organized, and personal standards. Also, participants completed a measure of parental values that was specifically designed for the study. The parental values measure was designed to assess the degree to which students perceived parents as placing emphasis upon their achievements. Information about isolation from adults was assessed by asking participants to indicate the type of supervision they received after school and by having participants complete measures of parent-child closeness, the Inventory of Parent and

Peer Attachment, and a parent involvement questionnaire. School grades, absences, and teacher behavior ratings from the Teacher-Child Rating Scale were utilized as indicators of academic functioning. Participants were also rated by peers in terms of their status within their school social network and were asked to complete the Social Experience Questionnaire as a measure of peer victimization (Luthar & Becker).

The aggregated data from the above measures revealed clinically significant depressive symptoms among suburban adolescent girls, high levels of substance use in male and female adolescents, internalizing symptoms that are frequently related to substance use, and the approval of substance use by peers of adolescent boys (Luthar & Becker). The presence of these problems appeared to be associated with high levels of achievement pressure both from the individual himself/herself and from parents (Luthar & Becker). Furthermore, isolation from adults also seemed to correlate with the aforementioned challenges. Lack of closeness with one's mother and a lack of after-school supervision seemed to be associated with particularly high levels of deficit and maladjustment (Luthar & Becker). The results of the study by Luthar and Becker appear to support Elkind's hurried child hypothesis because they suggest that children who are pushed to achieve beyond their developmental capacity and who are expected to be responsible and self-sufficient without parental involvement may be at more risk for psychological and behavioral challenges.

Activity involvement and the hurried child.

Some of the primary ways children are hurried into adult-like behavior appear to be overparticipation in activities, being hyper-focused on achievement, and having a focus on the development of skills. This phenomenon has been referred to as

overscheduling (Rosenfeld & Wise, 2000). Overscheduling has its roots in parental expectations for children to succeed, concerns that children may not be getting fully enriched if not afforded opportunities to develop new skills, and a desire to ensure that one's children are not lagging behind other children (Rosenfeld & Wise). Such concerns lead parents to control as many aspects of their children's lives as possible, push a "strive to be the best" standard, focus on productivity, and not leave responsibilities for children (Rosenfeld & Wise). This control and constant push to excel does not allow children to experience frustration or failure, instills the belief that children cannot care for themselves without parental intervention, fosters the belief that children's preferences are invalid, and ultimately instills the idea that the child will never be good enough despite their best efforts (Rosenfeld & Wise). These experiences and the subsequent development of such negative beliefs may lead children to have an inability to handle frustration and failures, may place increased stress on children in the form of attempting to please their parents, may decrease self-competence and self-worth, and ultimately may lead children to be less productive and creative.

Effect of activity involvement on the family.

Spending a large amount of time in activities appears to have other consequences for both children and their families. The overscheduling of children leads to time-intensive, competitive activity and less unstructured play (Anderson & Doherty, 2005). The time utilized for activities results in a decrease in family-oriented activities such as family meals (Anderson & Doherty). Decreased family mealtime may lead children to be more susceptible to emotional and behavioral concerns. Anderson and Doherty note that children who ate with family more frequently and were afforded the time to do so had

better diets, showed fewer symptoms of eating disorders at college age, had better academic achievement, and had better psychological adjustment.

Parents also seem negatively impacted by child overscheduling. Parents seem aware of overscheduling and its implications, but feel powerless to make changes and go against this trend. The Search Institute reported that 41% of parents polled stated that overscheduling made parenting more difficult. The parents who responded in this poll also ranked overscheduling as the third overall most problematic issue in parenting (tied with financial concerns) (Roehlkepartian, Scales, Roehlkepartian, Gallo, & Rude, 2002).

Impact of stress on children.

If overscheduling is related to increased stress on children (Elkind 1986, 2001; Rosenfeld & Wise, 2000), then this stress may lead to additional negative consequences. Physiologically, stress activates the central nervous system in order to allow the body in order to effectively respond to the stressor (Tufnell, 2005). Stress leads to sensations becoming more acute, a focusing of attention, and a speeding up of reaction time. The sympathetic nervous system becomes aroused, and the parasympathetic system becomes inhibited. This response slows down vegetative functions and speeds up heart rate and respiration. Acutely, this allows individuals to manage immediate stressors they face, but with prolonged stress exposure, the bodily reserves become exhausted (Tufnell). This exhaustion of bodily reserves can cause the individual's immune system to be compromised (Bristow, et al, 1996).

Physical effects of childhood stress.

In a meta-analysis of over 180 studies on the effects of stress and depression on the immune system, Zorrilla, Luborsky, McKay, Rosenthal, Houldin, Tax, McCorkle,

Seligman, and Schmidt (2001) found significant decreases in monocyte and lymphocyte levels of depressed participants across studies. Lymphocytes and monocytes are two key components of an individual's ability to ward off infection and illness. Further research has revealed that levels of S-IgA, a lymphocyte found in saliva that is one of the body's protectors against invading microorganisms, initially increased when an individual was faced with a laboratory stressor, but decreased below normal levels when the stress was prolonged (Bristow, Hucklebridge, Clow, & Evans, 1994). Therefore, if this research is applied to children who are stressed by mandatory participation in high levels of activities, then constant exposure to the stress-inducing activities may reduce the effectiveness of the immune response (Bristow et al). The reduction of the immune response due to stress can lead to increases in likelihood of illness, infection, and loss of time in school (Bristow et al). Loss of time in school caused by illness due to stress causes children to fall behind with schoolwork. Falling behind in schoolwork may increase the child's stress level even further and exacerbate both physiological and psychological reactions to stress.

Psychological effects of childhood stress.

Stress may also impact a child's psychological development. Children learn to respond to their world through the events they experience. Consistent exposure to stressors may shape how an individual understands and copes with stressors and may subsequently alter his or her view of the world as a place that is consistently stressful (Tufnell, 2005). Such a world view may have implications for the individual's mental health. Stress reactions can lead children to withdraw, act out, experience headaches, have nightmares, lose sleep, lose pleasure in once enjoyed activities, and have somatic

complaints (Driedger, 1996). In extreme cases, children who are exposed to prolonged or repeated stressors may develop angry outbursts, dissociative symptoms, self-injurious behavior, and substance abuse (Tufnell). The experience of childhood stress has also been linked to the development of later psychological problems in adulthood, such as personality disorders, substance abuse, attachment disorders, adjustment problems, depression, and anxiety (Tufnell).

Specifically, the stress caused by not meeting parental expectations may lead children to become more vulnerable to depressive symptoms. Mezulis, Shibley, Hyde, and Abramson (2006) examined the effects of temperament, parental feedback, and negative life events on the development of cognitive style in children. In this longitudinal study, the researchers videotaped mother-child interactions at home of 289 children from infancy to fifth grade (Mezulis et al). The children and parents also completed a series of questionnaires. Each child completed the Children's Cognitive Style Questionnaire (CCSQ) to understand his/her coping style and vulnerability to depression (Mezulis et al). The Adolescent Perceived Events Scale (APES), Social Experience Questionnaire (SEQ), and American Association of University Women (AAUW) Survey of Sexual Harassment were completed to assess negative life events in achievement, family, life, and peer relations (Mezulis et al). Additionally, at age nine, subsample of 120 participants completed a behavioral task (Mezulis et al). This subsample was observed receiving maternal feedback when they failed to complete the task successfully (Mezulis et al).

Each child's parents completed the Infant Behavior Questionnaire (IBQ) to assess the child's temperament until age 4.5 years, then continued to measure temperament

using the Child Behavior Questionnaire (CBQ) (Mezulis et al). Negative parental feedback was assessed via self-report through the Child-Rearing Practices Report and the State-Trait Anger Expression Inventory. The subsample of 120 participants was assessed through observation of videotaped parent-child feedback sessions by trained raters (Mezulis et al). The videotapes were made after a child was given a low score on a behavioral task. The parent was asked to discuss the child's score and the task with the child. The results found that parental feedback alone and in conjunction with exposure to negative life events and temperament predicted 27% of the variance in children's coping style (Mezulis et al). Therefore, negative parental feedback appears to contribute to a cognitive vulnerability to depression (Mezulis et al).

As shown in the above research, detrimental stress levels can have numerous negative emotional, developmental, and behavioral consequences for children. Specifically of note is research that reveals a link between negative parental feedback and vulnerability to depressive symptomatology. If parental expectations and feedback can increase a child's propensity for depression, then parents may also contribute to childhood stress. Inappropriate, parent-driven pressure to pursue extracurricular activities may contribute to children's stress levels and may, in turn, increase vulnerability to the aforementioned internalizing and externalizing manifestations of stress.

Impact of overscheduling on self-competence.

The potential consequences of control and the constant push to excel associated with overscheduling include not allowing children to experience frustration or failure, fostering the thought that children need parental intervention to succeed, invalidating the

child's preferences and views in favor of the parents' choices, and instilling the belief that no matter what the child does, he or she will never meet parental expectations (Rosenfeld & Wise, 2000). One effect of these consequences could be a decrease in a child's self-competence. Self-competence is a feeling of confidence in being able to achieve success in certain domains (Jambunathan & Hurlbut, 2000). The domains that comprise self-competence include an individual's appraisal of oneself in terms of physical ability, cognitive ability, social ability, and general self-worth (Harter, 1982, 1988). High levels of self-competence can assist a child in being resilient against psychological stress (Cole, 1991). Self-competence has also been associated with academic success, school adjustment, social acceptance, and peer acceptance (Jambunathan & Hurlbut).

Children's development of self-competence is related to numerous components that include both developmental and environmental factors. The developmental factors that have been found to foster self-competence include the child's behavioral, cognitive, and social development (Jambunathan & Hurlbut, 2000). The environmental factors implicated in self-competence include parenting attitudes, parenting behavior, parents' expectations for their children (the traits they want their children to have), teachers' perceptions and feedback, and exposure to developmentally appropriate tasks within the classroom (Jambunathan & Hurlbut).

If children's self-competence is impacted by parental expectations, attitudes, and behavior (Jambunathan & Hurlbut, 2000); then parents may impede the development of healthy self-competence. Children who are pushed to succeed, who are not given the opportunity to overcome failures, who are controlled by their parents, and who are

expected to constantly excel might feel less confident (Rosenfeld & Wise, 2000).

Furthermore, if overscheduled children adhere to the belief that they will never meet parental expectations and are led to believe that their beliefs are invalid, then their self-competence may suffer further. They may feel lower self-worth and associate their self-worth with pleasing parents that are seemingly never satisfied. Finally, children who are overscheduled may further suffer deficits in self-competence because they may not be given the opportunity to handle frustration and failure (Rosenfeld & Wise). Parents of overscheduled children may take control of situations that could lead to frustration before the child can learn skills to appropriately manage disappointment (Rosenfeld & Wise). If this occurs, children may not appropriately cope when frustrations occur in social situations and might respond in a negative way toward others without parental intervention.

Criticism of the hurried child hypothesis.

Despite evidence supporting the aforementioned guiding theory and consequences, researchers have proposed alternate explanations for the impact of overscheduling and have called into question the impact and existence of the hurried child. Lynott and Logue (1993) deny that the hurried child phenomenon has a negative effect on the childhood and adolescence of contemporary American children. Lynott and Logue point to several methodological problems in the hurried child hypothesis proposed by Elkind. These methodological concerns include a limited historical perspective on the changes in American childhood, failure in identifying exactly who constitutes hurried children, a failure to understand the influences of gender, race, ethnicity, socioeconomic status (SES), and age/developmental level in the experience of American children, the

presumption of a deterministic model, and the assumption of negative consequences with little empirical evidence (Lynott & Logue).

Lynott and Logue (1993) point to evidence that supports the aforementioned methodological difficulties and information that runs contrary to the basis for the hurried child hypothesis. For example, evidence that children in earlier periods did not have a carefree childhood and were faced with higher levels of infant mortality, more exposure to disease and illness, and harsher child labor practices than currently exist is cited (Lynott & Logue). Furthermore, it is also noted that in every period, critics have commented on the inappropriateness of their current era's child-rearing practices. Lynott and Logue posit that the hurried child theorists may simply be part of a long line of such critics who found fault with their period's parenting styles and media influence on children.

The fact that it is difficult to define who constitutes the "hurried child" is also of concern (Lynott & Logue, 1993). The hurried child grounding theory tends to speak about American childhood at large, with little mention of the diversity of the individual child developmental experience (Lynott & Logue). The overarching generalizations of the hurried child theory fail to take into account how differences in gender, age, developmental stage, race, ethnicity, and social economic status effect a child's socialization (Lynott & Logue). For example, the broad age range presented by Elkind's theory does not explain how the definition of *hurriedness* may be different for children who are age 4 versus age 14 (Lynott & Logue). Furthermore, gender differences in hurriedness are not explored, despite evidence that girls and boys are treated in different ways by their parents (Lynott & Logue). Racial/ethnic differences are also not accounted

for, even though differing environments and cultural practices may shape the child's level of hurriedness (Lynott & Logue). The influence of SES and poverty are also neglected, as Elkind primarily focused on middle-class youth.

The negative impact of family life stressors (e.g., divorce, working mothers, day care, and television exposure) that is posed by the hurried child theory can also be called into question (Lynott & Logue, 1993). The relationship of these stressors to successful development is often more complex than merely being detrimental. For example, conflicting evidence has been found on the effects of divorce on children, and a child's experience of divorce has been found to be influenced by numerous factors including age, gender, financial status, parents' predivorce relations, and parenting styles (Lynott & Logue).

Empirical data on increases in sexual activity, drug use, and serious crime among children that is used to bolster the argument of the disappearing childhood may also be called into question. Lynott and Logue (1993) present statistics that support declines in drug usage, crime, and death rates, suggesting that the arguments utilizing these social problems to support the loss of childhood are insufficient.

Finally, the hurried child hypothesis may be criticized for being a model steeped in determinism and negative bias (Lynott & Logue, 1993). The hurried child hypothesis assumes that children are affected by events in relatively the same fashion. It is also assumed that children place emphasis on the negatives of exposure to said events without addressing any positive impacts. Also, individual variations in the ways in which children tolerate stressors is not taken into account. The diversity of children's responses and outcomes after experiencing stressors is not recognized (Lynott & Logue).

Furthermore, it can be argued that the hurried child hypothesis cannot be falsified, as the theorists can interpret evidence to the contrary to fit into the hurried child perspective (Lynott & Logue).

In some ways, many of the arguments posited by Lynott and Logue may have value as criticisms of hurried child theory. However, it may be unfair to completely discredit this theory based upon their critique. Although the authors point to little empirical evidence for the impact of hurrying and an unclear definition of hurrying, it may be that further research is needed to operationally define the components of hurrying and to ascertain the effect of hurrying at different developmental stages and in differing demographic populations. Furthermore, the argument that hurried child theory is negativistic and deterministic may be made if one wishes to not consider individual differences and look at the theory as a stereotype for all childhood experiences rather than for those whom it may be applicable. If this argument is to be made, it could also be generalized to numerous other developmental theories (e.g., Piaget, Erikson) that are considered sound. Such an argument would invalidate these theories, as well. Finally, the statistics suggested by Lynott and Logue to show reductions in serious crimes, death rates, and drug usage do not extend beyond 1991 data and instead look at trends spanning the 1970s and 1980s. This information is outdated and may not be an appropriate reflection of current concerns or an accurate portrayal of specific pockets of American population that have experienced an increase in these activities.

Evidence against the detrimental effects of overscheduling.

Research has also called into question the potential negative influence of overscheduling on children's development and mental health. For example, Luthar,

Shoum, and Brown (2006) found little evidence that high extracurricular involvement lead to increased distress and substance use in suburban eighth graders. The participants were 314 students (150 girls and 164 boys) from two middle schools in an affluent town. Participants were administered a questionnaire verbally to reduce the impact of variability of reading proficiency in ability to answer questions. By participating, students earned \$1 for their classroom toward a pizza party. Participants were asked to report the number of activities that they were involved in within the following categories: art or theater, academics, civic activities, and sports. Participants then were asked to report their level of participation in hours for each category per week. Hours of participation were assessed by asking participants to place their level of participation in a range of 0 hours to 8 or more hours per week (Luthar et al.).

Next, Luthar, Shoum, and Brown (2006) asked participants about their reasons for engaging in activities. Participants were given choices of “because it is fun,” “because it is good for my future,” or “because adults want me to.” Hours spent in activities were then computed in terms of fun hours, expediency hours, or pressure hours depending upon the reasons for participation in each activity. For example, if a participant reported 4 hours of sports participation and answered that he/she participated because it is fun he/she received a score of 4 fun hours; however, if he/she endorsed both fun and because it is good for my future, the participant received a score of both 4 fun and 4 expediency hours (Luthar et al.).

The researchers also assessed the perceptions of the participants’ parents and also measured other family factors (Luthar, et al., 2006). Parental expectations were measured using the parental expectations subscale of the Multidimensional Perfectionism

Scale (MPS). Level of parental criticism was assessed using another subscale of the MPS. Parental emphasis on personal character versus achievements was assessed using the Parental Values Scale. Participants were also asked to report whether they typically had dinner with or without parents and to indicate the type of after school supervision they generally received, whether it was by an adult family member, a nonrelative adult, or not supervised by an adult.

Finally, the participants' levels of psychological adjustment were assessed (Luthar, et al., 2006). Depressive and anxiety symptoms were assessed using the Children's Depression Inventory (CDI) and the Revised Children's Manifest Anxiety Scale (R-CMAS). Delinquency was measured with the Self-Report Delinquency Checklist (SRD), and substance use was measured with the Frequency of Drug Use grid from the Monitoring the Future Study survey. The participants' classroom behaviors were rated by teachers using the Teacher-Child Rating Scale (T-CRS). Cumulative grade point average was also utilized as a measure of academic success.

The results of the study by Luthar, Shoum, and Brown (2006) suggested little impact of overscheduling on pressures and psychopathology in high-SES children. The link between extracurricular activity involvement and adjustment ranged from subjective maladjustment to academic competence. However, children's perceptions of parental attitudes toward their achievements seemed to have a significant impact on levels of adjustment. For both genders, the most detrimental parental factors appeared to be parental criticism and lack of after-school supervision, and for males, low parental expectations also appeared related to adjustment challenges (Luthar et al.).

Similarly, Melman (2001) studied the effects of a high level of activity participation on anxiety and somatization in adolescents. Ninety tenth through 12th graders enrolled in a health class in a suburban New York high school completed the Behavior Assessment System for Children–Self–Report of Personality–Adolescent (BASC–SRP–A) to assess levels of anxiety and somatization. The participants also completed an activity measure to assess their time demands and a demographic questionnaire (Melman).

The activity questionnaire asked participants to report the number of time demands participants engaged in and the amount of time spent in each activity. Time demands were defined as activities regularly participated in outside of everyday school time and did not include leisure activities. Included in the questionnaire were lists of several types of activities, such as school-related activities, non-school-related activities, domestic responsibilities, and employment (Melman, 2001). Participants were asked to include all activities, including seasonal tasks. Then participants indicated when each activity occurred, as well as the length of time each task required (Melman). The demographic questionnaire was designed to obtain information about other possible factors related to adolescent anxiety and somatization. It included questions regarding age, grade, gender, grade point average, plans to go to college, where the participant may go to college (if they indicated a plan to go), parents' education level, and parents' occupation (Melman).

The results of this study did not show any relationship between levels of time demand and the experience of anxiety or somatization in adolescents. Participants in high demand groups did not significantly differ from those in low demand or medium

demand groups in terms of anxiety or somatization scores. However, participation in a high level of activities appeared to be related to a significantly higher amount of experienced anxiety than those who were involved in a low number of activities. Furthermore, participants who spent more time throughout the year participating in activities reported significantly more anxiety than those who engaged in the lowest number of activities. These results suggest that although time demand of activities does not appear to be related to somatization in adolescence, activity time demand throughout the year and diverse activities may be related to higher levels of anxiety. However, this study did not assess participants' motivation to participate and perception of engaging in activities. This study only took into account the amount of time and number of activities (Melman, 2001).

The results of the studies by Luthar and associates (2006) and by Melman (2001) suggest that mere participation in a high level of activities may not influence the psychological well-being of children as much as has been implicated. However, previous overscheduling research has only focused on the number of scheduled activities and the possible reasons for participating, but has not explored the children's perceptions of these experiences. Research has shown that children's perceptions do affect their adjustment and development, specifically in terms of how children perceive parental attitudes toward themselves (Luthar et al; Mezulis et al). Overscheduling researchers, however, have not yet attempted to take into account the effect of the perception of being overscheduled on development and adjustment.

A child's belief that he or she is overscheduled may have more influence on the stress caused by activities than the mere participation in activities. Research has shown

that a child's perception of potentially stressful events has more influence on a child's experience of stress than merely experiencing a potentially stressful event (Colton, 1985). Colton developed the Children's Own Perceptions and Experiences of Stressors (COPES) measure of childhood stress to assess children's perceptions of potential stressors and also assess their emotional reactions to and experiences with these stressors (Colton). One hundred eighty-one students from three schools participated in the study. One school was a mid-sized suburban school with students from mixed socioeconomic status and racial backgrounds. The second school was in a suburban, working class, racially mixed area, and the third school was a public school within inner-city Philadelphia (Colton). The participants completed the COPES questionnaire in their classrooms. The COPES consisted of 60 items that represented potential stressors in a child's life (Colton). It asked participants to rank the items on a Likert scale from 1 (not upsetting) to 5 (extremely upsetting). It asked participants to report if the listed events ever happened to them and asked whether or not the event worried the participants if it occurred (Colton). The results revealed that children's perceptions of the severity of stressors were not influenced by the mere presence of the stressor; it was also influenced by the emotional impact of the event upon them (Colton). If children were able to cope successfully with a stressor, they rated it as less stressful than events that they were not able to effectively cope with. Therefore, the reaction to and perception of a stressful event is just as important if not more so than simply being exposed to the event itself.

Research by Johnson (2004) may have provided some insight into how a child's perception of activities may influence his or her stress level and subsequent coping capacity. Johnson compared the involvement fourth grade public and Catholic school

students in after-school activities to determine whether activity involvement was related to student's stress levels. A total of 196 students participated in the study. Of this sample, 38 boys and 68 girls attended Catholic school; the public school group consisted of 45 boys and 45 girls (Johnson). A correlational design was utilized to examine the relationship between after-school activity, school type, and stress level. Activities were classified in terms of being self-chosen or adult chosen, whether they were perceived as enjoyable, whether they were academic activities, and amount of time spent in each activity (Johnson). Participants completed the Revised Children's Manifest Anxiety Scale (RCMAS) to assess level of stress and the What I Usually Do survey to gauge activity involvement (Johnson).

The What I Usually Do questionnaire was specifically designed for the study (Johnson, 2004). The What I Usually Do scale was divided into 1-hour time slots that represented time usage during the week and weekends for each student. Students were asked to fill in time slots with activities they typically performed at each time. Also, students were asked to identify who chose the activity and were asked to rate each activity on an enjoyment scale of 1 (not at all) to 5 (very much). Identified activities were later categorized as academic or nonacademic by two raters (Johnson).

The results of the study by Johnson did not reveal a difference in stress level between Catholic school and public school students (Johnson, 2004). Both groups of students scored in the average range on stress level for their age group. The lack of difference between the two school groups suggested that neither group supported Elkind's hurried child hypothesis. Furthermore, Catholic school students did not appear to be at risk for hurrying and stress more than public school students (Johnson).

However, it was revealed that there was a greater relationship between adult-chosen and unenjoyable activities for public school students (Johnson). Also, the overall level of enjoyment of after-school activity appeared to be most predictive of child stress levels. Overall, children who reported the lowest amount of enjoyment reported the highest levels of stress (Johnson). These results appear to provide evidence for a relationship between children's perception of activities and the stress level they experience. Specifically, if children do not like the things they do, they seem to be more stressed by them. The same may be true of overscheduling. If children believe that they are overscheduled, then they may be more likely to feel overwhelmed and stressed.

The child's perception of being overscheduled may be more important than a high level of activity scheduling in and of itself. For example, if a child participates in a high level of activities but enjoys the activities, feels as if the time spent in activities is reasonable, and wishes to participate in the activities, then the child may feel rewarded by the tasks and may not feel overwhelmed or stressed (Colton, 1985; Johnson, 2004). As a consequence, the child may not believe that he or she is overscheduled. However, if a child believes that he or she is being forced to do activities, does not wish to engage in regular activities, and/or feels overwhelmed by a large number of activities, then he or she may feel overscheduled and subsequently be stressed (Colton; Johnson). Therefore, overscheduling may not be a function of the number of activities, but instead may be a function of perception of whether or not he/she is doing too many activities and too many things that he or she does not enjoy.

Chapter 3

Hypotheses

Data was collected in three conceptual areas: the MOPS, Harter's self-perceived competence scale, and Beck's internalizing-externalizing difficulties. The MOPS contains 4 subscales: the overwhelmed scale, the pressure scale, the nonpreference for activities scale, and the total perceived overscheduling scale. The overwhelmed scale was designed to assess feelings of being overwhelmed by extracurricular task participation. The pressure scale was designed to assess the degree to which the individual feels pressure from external forces to participate in activities. The nonpreference scale was designed to assess a general nonpreference for tasks. The total perceived overscheduling scale combined the overwhelmed, pressure, and nonpreference scales to yield a total perceived overscheduling score. The self-perceived competence scale assessed nine domains: scholastic competence, social acceptance, athletic competence, physical appearance, romantic appeal, behavioral conduct, close friendships, job competence, and global self-worth. Internalizing-externalizing difficulties were evaluated with Beck's measures of self-concept, anxiety symptoms, depressive symptoms, anger, and disruptive behavior.

Hypothesis 1: Perceived overscheduling and actual number of activities

It was hypothesized that adolescents who reported higher levels of perceived overscheduling (as evidenced by elevated scores on the four subscales of the MOPS) would have no difference in overall activity involvement (as evidenced by number of activities) compared to adolescents who did not endorse high levels of perceived overscheduling.

Hypothesis 2: Perceived overscheduling and perceived competence.

It was hypothesized that adolescents who reported higher levels of perceived overscheduling (as evidenced by elevated scores on the four subscales of the MOPS) would have no difference in perceived self-competence scores (as evidenced by scores on the nine domains of the Harter Self-Perception Profile for Adolescents) from adolescents who did not report high levels of perceived overscheduling.

Hypothesis 3: Perceived overscheduling and internalizing and externalizing difficulties.

It was hypothesized that adolescents who reported higher or lower levels of perceived overscheduling (as evidenced by elevated scores on the four subscales of the MOPS) would have no differences in instances of internalizing and externalizing challenges (as evidenced by elevated scores on four of the BYI scales and lower scores on the BYI self-concept scale) from adolescents who did not report high levels of perceived overscheduling.

Chapter 4

Method

Development of the Measure of Perceived Overscheduling.

In order to address this shortcoming in the current literature on childhood activities, stress, and self-competence, the Measure of Perceived Over-Scheduling (MOPS), a measure to assess adolescents' perceptions of being overscheduled, was developed for the present study. Adolescents were utilized as the target participant group for the development of the MOPS due to their involvement in and access to a myriad of activities.

A sample of participants completed the MOPS after its development. The scores on the MOPS were compared to scores on the Harter Self-Perception Profile for Adolescents (Harter, 1988) to identify whether a relationship existed between self-competence levels and perceived overscheduling. Scores on the MOPS were also compared to scores on the Beck Youth Inventories (BYI) (Beck, Beck, Jolly, & Steer, 2005) to determine whether a relationship existed between common internalizing-externalizing symptoms that are consequences of stress and perceived overscheduling.

Item generation and selection.

The MOPS was utilized to differentiate between children who believe they are overscheduled and children who do not hold this belief. The MOPS defined overscheduling as the belief that one is involved in too many activities and/or engaging in them more frequently than desired. This belief was thought to arise from pressure from external forces to participate, a general nonpreference for one's activities, and feelings of being overwhelmed by participation in activities.

Initially, a theoretical approach based upon previous research and guiding theory was utilized to generate an item pool for the MOPS. The items for the MOPS addressed the three components of the operational definition of perceived overscheduling. These components included the feeling that one is overwhelmed/involved in too many activities, the feeling of being pressured to participate in tasks, and having a nonpreference for his/her own extracurricular activities. The three components of the operational definition were used as the theoretical basis for the subscales of the MOPS.

According to Kline (2005), it is recommended that 5 to 10 items be used to assess whether a construct is appropriate. An initial pool of 65 items was created. The initial item pool consisted of 18 items that addressed feelings of being overwhelmed/spending too much time doing activities, 24 items that addressed feeling pressured to participate, and 17 items that addressed a nonpreference for tasks. The remaining six items were mixed items that addressed more than one of the constructs. The items for the MOPS were declarative statements (e.g., “I feel overwhelmed”). The items addressed extracurricular activity involvement in general.

Next, the item review team evaluated the 65 item list. The item review team consisted of two developmental psychologists and one clinical psychologist experienced in instrument development from the investigator’s dissertation committee. The committee reviewed the items for developmentally appropriate language, ease of administration, and relevance to the construct. All of the six mixed items were removed from consideration by the review team.

After initial items were reviewed by the committee, the items were reviewed by two doctoral level school counselors. The counselors reviewed the items for relevance to

the operational definition of overscheduling. The counselors also reviewed the items for developmentally appropriate language and ease of administration. Finally, the counselors reduced the initial item pool to the 30 items best fit the above item criteria. The 30 items were also chosen in order to have 10 items that fit each of the components of the operational definition. Of the 30-item set, 10 were designed to address feelings of being overwhelmed by extracurricular activities, 10 were designed to assess pressure to participate in extracurricular activities, and 10 were designed to address a nonpreference for one's activities. These three 10-item sets comprised the subscales of the MOPS.

Next, the 30 chosen items and the related operational definition for each were reviewed by a team of adolescents. The team consisted of four high school students who volunteered to assist the instrument developer. The adolescents were asked to review the items to ensure that they could be easily understood, the items seemed to apply to the definition of overscheduling, and the items were applicable to adolescent beliefs about activity involvement.

Items on the MOPS were ranked and scored on a 6-point Likert-type scale in the following order: (Strongly Disagree, Disagree, Sometimes Disagree, Sometimes Agree, Agree, Strongly Agree). Some items were reverse scored to reduce the likelihood of participants endorsing all of the items similarly to quickly complete the measure. A Likert-style rating scale was utilized because it allowed for the intensity of responses to be added together and allowed for higher and lower perceived overscheduling attitudes to be obtained from participants. Having higher and lower overall scores allowed for comparison of perceived overscheduling intensity between participants and may allow for comparisons across time in future studies.

Collection of demographic information.

Additionally, the MOPS collected information about the racial/ethnic background of each participant. Participants were asked whether they identified themselves as White/Non-Latino, Black/African American, Native American, Alaska Native, Asian, Hispanic/Latino, Hawaiian/Pacific Islander, or Other (list).

The MOPS Background Information Form was used to collect additional demographic information in order to facilitate data analysis (see Appendix B). Age, grade, gender, parents' level of education, extracurricular activities, type of school attended (public, parochial, other, home), average amount of time per week for each activity, and timeline of each activity (year round vs. seasonal) were obtained as part of the MOPS Background Information form. Activities were classified in the following domains: domestic activities, arts activities, academic activities, civic activities, and sports/competitive activities on the MOPS Background Information Form.

Reliability of MOPS scales.

A Cronbach's alpha was computed to assess whether the items that were summed to generate the three subscales for the MOPS formed reliable scales. The alpha for the 10 items in the overwhelmed scale was .84, which indicated that this scale has acceptable internal consistency reliability. The alpha for the 10 items in the pressure scale was .81, which also indicated adequate internal consistency. Also, the alpha for the nonpreference scale (.78) was indicative of reasonable internal consistency.

A Cronbach's alpha was also computed to ascertain the overall internal consistency of the MOPS. The alpha for the 30 items of the MOPS was .91, which indicated that the MOPS has a good degree of internal consistency reliability.

Comparison measures.

Scores on the MOPS were compared to scores on the Beck Youth Inventories (BYI) and the Harter Self-Perception Profile for Adolescents.

The BYI contains five self-report measures. Each measure in the BYI contains 20 statements about thoughts, feelings, and behaviors that are related to child and adolescent social and emotional challenges (Beck et al., 2005). The measures within the BYI are the Beck Depression Inventory for Youth (BDI–Y), the Beck Anxiety Inventory for Youth (BAI–Y), the Beck Anger Inventory for Youth (BANI–Y), the Beck Disruptive Behavior Inventory for Youth (BDBI–Y) and the Beck Self-Concept Inventory for Youth (BSCI–Y) (Beck et al). The BDI–Y is an assessment of the degree to which a child or adolescent experiences negative thoughts typically associated with depression, feelings of sadness, and common physiological depressive symptoms (Beck et al). The BAI–Y is a measure of fears, worrying, and physiological symptoms related to anxiety (Beck et al). The BANI–Y is an inventory of negative thoughts about others, feelings of anger, thoughts of being mistreated, and physiological symptoms of anger (Beck et al). The BDBI–Y contains items that assess behaviors and attitudes that are consistent with oppositional-defiant behaviors and conduct disorder (Beck et al). The BSCI–Y is an assessment of the child's self-perceptions, competence, and self-worth (Beck et al). The BYI Scales have been shown to have a high degree of internal consistency. The alphas for the five scales range from .86 to .92 for children ages 11 to 14 and .91 to .96 for adolescents aged 15 to 18 (Beck et al).

The Harter Self-Perception Profile for Adolescents is an assessment that is designed to measure self-judgments of competence or adequacy in eight specific domains

(Harter, 1988). The competence domains measured by the Harter are scholastic competence, athletic competence, physical appearance, social acceptance, behavioral conduct, job competence, romantic appeal, and close friendship (Harter, 1988). The Scholastic Competence subscale is designed to assess the adolescent's perception of his/her scholastic performance and intelligence (Harter, 1988). Athletic Competence measures the individual's perceptions of his/her athletic ability (Harter, 1988). The Physical Appearance subscale measures the degree to which the individual is satisfied with his/her body and how he/she looks (Harter, 1988). The Social Acceptance scale assesses feelings of popularity and acceptance by peers (Harter, 1988). Behavioral Conduct is a measure of the adolescent's approval of the way in which he/she behaves and is a gauge of whether the individual believes that he/she acts appropriately (Harter, 1988). Job Competence is a measure of the individual's belief that he/she has job skills and perceives that he/she is ready for employment (Harter, 1988). The Romantic Appeal subscale is an assessment of the individual's perceptions that he/she is romantically attractive to others and is dating those that he/she finds interesting (Harter, 1988). The Close Friendships scale is an assessment of the individual's ability to make close friends that they are able to share personal thoughts with (Harter, 1988). A composite Global Self-Worth score is also obtained from the Adolescent Self-Perception Profile. The Global Self-Worth Scale is a global measure of self-worth that provides an overall assessment of an adolescent's level of self-like, happiness with how he/she is leading their life, and general happiness with himself or herself (Harter, 1988).

The scales of the Harter Self-Perception Profile for Adolescents have yielded acceptable levels of internal consistency. In the four samples of adolescents used to

generate normative data for the Self-Perception Profile, the alphas for the scales ranged from .74 to .93 (Harter, 1988).

Participants.

A combination of convenience sampling and snowball sampling was utilized to recruit 105 adolescents aged 14 through 18 and their parents/legal guardians who acted as participants in the study. Of the 105 children selected, 77 were male and 28 were female. Participants were recruited from the city of Philadelphia, PA, and the greater Philadelphia area suburban communities. Participants were from a convenience sample of available respondents from Buena Regional High School, a rural suburban public high school in Buena, NJ, St. Joseph's Preparatory School, a private all-male Jesuit Catholic school in Philadelphia, and Congregation Beth Tikvah Hebrew High School, a private coeducational after-school religious study program affiliated with a synagogue in Marlton, NJ.

The Buena Regional High School sample consisted of 33 participants, of whom 10 were male and 23 were female. Five of the participants in the sample from Buena Regional High School were in 11th grade, and 28 were in 12th grade. Three of the individuals from this sample were 16 years old, eight were 17 years old, and 22 were 18 years old at the time of the study. Of the 33 participants from Buena Regional High School, 24 identified themselves as White/Non-Latino, three were Black/African American, two were Asian, one was Hispanic/Latino, and two listed Other racial/ethnic background. One participant from Buena Regional High school did not report a racial/ethnic background.

The sample from St. Joseph's Preparatory school consisted of 64 males. Four of the 64 males from this sample were in ninth grade, nine were in 10th grade, 26 were in 11th grade, and 25 were in 12th grade. Of these participants, one student was 14 years old, eight were 15 years old, 15 were 16 years old, 27 were 17 years old, and 13 were 18 years old. The majority of this sample, 57 participants, indicated that they were White/Non-Latino. Of the 64 participants from this school, one participant identified himself as Black/African American, one participant identified as Native American/Alaska Native, four identified as Hispanic/Latino, and one participant did not report a racial/ethnic background.

The sample from Congregation Beth Tikvah consisted of seven individuals. Three participants in this subset were male and four were female. Of the participants from Congregation Beth Tikvah, six were 15 years old and one was 16 years old. All of the participants from Congregation Beth Tikvah were in the 10th grade and all reported being of White/Non-Latino descent.

A snowball sampling approach was also used to obtain contacts and recruit additional respondents throughout the data collection process. Snowball sampling involved asking initial respondents to provide contact information for other possible participants. These participants, in turn, were asked to provide information for additional potential participants (Kline, 2005). The snowball sampling approach was used to enable participants to identify others who participated in extracurricular activities and may wish to participate in the study. Of the contacts provided in this manner, one 14 year old female and her parents agreed to participate and met with the researcher to complete the

study. This participant attended a public high school, identified as White/Non-Latino, and was in ninth grade at the time of the study.

Procedure.

Parents of children under the age of 18 were asked to complete an informed consent form, and children were asked to sign an assent form agreeing to participate in the research. Participants who were 18 years old at the time of the study completed the informed consent form themselves. Participants were provided with an information sheet that explained the nature of the study. The information sheet stated that the study's purpose was to understand stress and self-competence levels in children. Participants and their parents were advised that their participation was voluntary, that all information provided was confidential, and that they could withdraw from the study at any time. All information was kept in a secure file and was devoid of individually identifying information. All information provided by each participant was assigned a unique participant identification number. Participants also were provided with contact information for the researcher so that they could receive information about the results of the study and were able to notify the researcher if participation impacted them in a negative way. If participants had contacted the researcher and revealed that they had been harmed in any way by participating in the study, the researcher would have provided the participants with referral information for mental health services so they could address their concerns in a therapeutic context.

Participants completed the MOPS background information form that asked about the type of activities they engaged in, the amount of time spent in each activity, and the time of year each activity occurred. The researcher read the instructions for the Harter Self-Perception Profile for Adolescents. The researcher also asked the participants to fill in the Likert scale for MOPS item 26 because the Likert scale was omitted from the form due to a clerical error. The participants then completed the MOPS, the Harter Self-Perception Profile for Adolescents, and the Beck Youth Inventory (BYI). Each participant was assigned a number to ensure that responses remain confidential. Upon completion of the survey measures, participants were provided a contact number for a random drawing to win a \$50 gift card to Best Buy department stores. The scores of individuals who endorsed the belief that they were overscheduled on the MOPS were compared to the participants who did not indicate significant levels of perceived overscheduling. Scores on the MOPS were compared to ratings on the BYI to identify internalizing/externalizing problems that may correlate with overscheduling. Finally, scores on the Harter Self-Perception Profile for Adolescents were compared to scores on the MOPS to identify if a relationship exists between self-competence and overscheduling.

Chapter 5

Results

Table 1 contains the overall sample size, obtained range, mean, and standard deviation for each scale that was used in the study.

Interrelatedness of MOPS subscales.

The interrelatedness of the MOPS subscales was evaluated by conducting a Pearson's product-moment correlation between the subscales. As shown in Table 2, the MOPS scales appear to significantly correlate with one another.

Table 1

Summary of Descriptive Statistics for MOPS, Harter Self-Perception Profile for Adolescents, and Beck Youth Inventories

Scale and Subscale	<i>n</i>	Obtained Range	<i>M</i>	<i>SD</i>
MOPS				
Overwhelmed	101	13 - 49	30.832	8.404
Pressure	101	9 - 50	27.119	8.582
NonPreference	104	9 - 47	20.75	7.034
Overscheduling Total	97	38 - 132	78.608	20.950
Harter				
Scholastic Competence	105	1.6 - 4	3.086	0.625
Social Acceptance	105	1.2 - 4	3.194	0.533
Athletic Competence	104	1 - 4	2.744	0.767
Physical Appearance	103	1 - 4	2.732	0.652
Job Competence	103	2 - 4	3.194	0.548
Romantic Appeal	101	1 - 4	2.810	0.603
Behavioral Conduct	104	1.4 - 4	2.883	0.604
Close Friendships	104	1.2 - 4	3.323	0.667
Global Self-Worth	105	1.6 - 4	3.187	0.526
Beck Youth Inventories				
Self-Concept	102	22 - 60	39.980	7.058
Anxiety	102	1 - 33	13.990	6.909
Depression	102	0 - 28	8.971	5.839
Anger	104	0 - 34	12.856	7.525
Disruptive Behaviors	104	1 - 31	7.808	5.156

Table 2

Summary of Intercorrelations for MOPS Subscales

Scale	1	2	3	4
Overwhelmed	—	.606**	.584**	.842**
Pressure	.606**	—	.732**	.903**
Nonpreference	.584**	.732**	—	.871**

Note. * $p < .05$, ** $p < .01$

Hypothesis 1: Perceived overscheduling and actual number of activities.

Hypothesis 1 was evaluated by conducting a Pearson's product-moment correlation to examine the relationship between adolescents' scores on the MOPS and the number of activities the participants reported engaging in. As shown in Table 3, the results supported the null hypothesis. No significant correlation between MOPS scores and number of activities was noted.

Table 3

Correlation Between MOPS Scores and Total Number of Activities

MOPS Scale	<i>n</i>	Number of Activities
Overwhelmed	101	.038
Pressure	101	-.123
Nonpreference	104	-.057
Overscheduling Total	97	-.061

Hypothesis 2: Perceived overscheduling and perceived competence.

Hypothesis 2 was evaluated by conducting a Pearson's product-moment correlation examining the relationship between adolescents' scores on the MOPS and scores on the Harter Self-Perception Profile for Adolescents questionnaire. As shown in Table 4, the results indicate an inverse relationship between the Close Friendships, Physical Appearance, and Global Self-Worth scales on the Harter Self-Perception Profile for Adolescents and MOPS scores.

Table 4

Summary of Intercorrelations Between MOPS and Self-Perception Scores

Harter Scale	MOPS Scale			
	Overwhelmed	Pressure	Nonpreference	Overscheduling
Scholastics	-.056	-.005	-.073	-.026
Social	.019	.017	-.106	-.005
Athletic	.080	.078	.183	.003
Physical Appearance	-.096	-.158	-.328**	-.203*
Romantic	.103	.078	-.025	.085
Behavior	.144	.027	-.098	.105
Friendships	-.104	-.204*	-.289**	-.223*
Job Competence	-.103	-.079	-.129	-.109
Global Self	-.267**	-.406**	-.428**	-.408**

Note. * $p < .05$, ** $p < .01$

Hypothesis 3: Perceived overscheduling and internalizing and externalizing difficulties.

Hypothesis 3 was evaluated by conducting a Pearson's product-moment correlation examining the relationship between adolescents' scores on the MOPS and scores on the Beck Youth Inventories. As shown in Table 5, the results indicate a relationship between self-reported anxiety, anger, depressive symptoms, and perceived overscheduling scores.

Table 5

Relationship Between Perceived Overscheduling and BYI Scores

Beck Scale	MOPS Scale			
	Overwhelmed	Pressure	Nonpreference	Overscheduling
Self-Concept	.147	.007	-.064	.040

Anxiety	.292**	.198	.362**	.314**
Depression	.180	.178	.364**	.269**
Anger	.150	.133	.364**	.248*
Disruptive Behavior	-.178	.052	.076	-.019

Note. * $p < .05$, ** $p < .01$

Chapter 6

Discussion

This study was conducted to explore how perceived overscheduling of activities may be associated with self-competence levels, emotional challenges, and behavioral problems in adolescents. The Measure of Perceived Over-Scheduling (MOPS) was designed for this study and was compared with the Harter Self-Perception Profile for Adolescents and the Beck Youth Inventories (BYI).

Summary of findings.

The results of this study suggest that a difference exists between adolescents who believe they are overinvolved in activities and adolescents who do not hold this belief. This difference appears to exist regardless of the number of extracurricular activities in which adolescents are involved. Specifically, adolescents who believed that they were overscheduled reported higher levels of stress and lower levels of self-competence than adolescents who did not perceive they were overscheduled. In order to test these hypotheses, scores on the MOPS were compared to ratings on the BYI and the Harter Self-Perception Profile for Adolescents. The BYI was used to identify emotional/behavioral problems that may subsequently be manifestations of increased stress. Scores on all three measures were also compared to the overall number of extracurricular activities reported by the participants to ascertain if a relationship existed between an adolescent's number of extracurricular activities, increased stress, and/or low self-competence.

Overall, the MOPS subscales appeared to have good internal consistency reliability. The alpha levels for the MOPS ranged from .78 to .91, which indicated an

acceptable degree of reliability among the MOPS scales. Also of note is the composite reliability of the subscales of the MOPS. In general, the subscales of the MOPS appear to have a high level of interrelatedness.

Scores on the MOPS were compared to scores on the BYI to determine whether a relationship exists between behavioral/emotional challenges and perceived overscheduling. The results suggest that higher perceived overscheduling scores on the MOPS are related to higher reported levels of anxiety, depression, and anger on the BYI. This suggests that adolescents who perceive themselves to be overscheduled have more experiences of internalizing/externalizing problems than those who do not believe they are overscheduled. The increased stress of perceived overscheduling may subsequently place adolescents at risk for psychological challenges.

Scores on the Harter Self-Perception Profile for Adolescents were also compared to scores on the MOPS to determine whether a relationship exists between self-competence and overscheduling. The results revealed a relationship between increased scores on the MOPS and decreased global self-worth scores on the Harter. This may indicate that as perceived overscheduling increases, self-worth decreases. The results also suggest that higher perceived overscheduling may be related to fewer close friendships and less satisfaction with one's physical appearance.

Interestingly, there appeared to be an association between activity type and the total MOPS score and global self-worth. Specifically, individuals who reported participating in athletic/competitive activities scored higher on the MOPS and scored lower in global self-worth than those who did not. However, this difference should be

interpreted with caution because the vast majority of the sample endorsed engaging in some form of athletic/competitive activity.

No relationship was found between the MOPS subscales and total number of activities. These results suggest that there is no relationship between the number of activities and perceptions of overinvolvement on the part of the adolescents.

Furthermore, no relationship was found between number of extracurricular activities and scores on the Harter. This suggests that the number of activities has no relationship to level of self-competence. Also, there was no difference found between males and females on the MOPS variables. It was noted that females tended to participate in significantly more activities than males. Finally, there was no relationship found between number of activities and scores on the BYI scales. The lack of relationship between number of activities and BYI scores indicates that participation in a large number of activities is not associated with increased stress and/or emotional/behavioral problems. Perceptions of extracurricular activity involvement appear to have more of an effect upon stress level and self-competence than merely participating in a large number of activities.

Implications of study results.

Previous literature on overscheduling and the hurried child hypothesis has shown little impact of activity involvement on the well-being of children and adolescents. These studies have fallen short, however, as they have failed to consider the child's perception of being overscheduled. Prior studies have focused primarily on the amount of time and the total number of activities without asking if the subjects believed they were overinvolved. This study not only addressed this shortcoming, it revealed that there may be a link between overscheduling and emotional/behavioral challenges. Children who

saw themselves as pressured to participate in activities found less enjoyment in their extracurricular activities, and felt overwhelmed by their activities reported higher levels of anger, anxiety, and depressive symptoms and lower levels of global self-worth than those who did not perceive their activities in this manner. As previously stated, self-competence has been found to act as a buffer against psychological stress (Jambunathan & Hurlbut, 2000). If adolescents who perceive themselves as overscheduled have a lower global self-worth, an aspect of self-competence, then they may lack the capacity to manage stressful and challenging situations. In short, overscheduling may lead adolescents to believe that they are unable to succeed. This belief may predispose the individual to experiences of distress and failure and may ultimately lead to higher incidences of emotional and behavioral difficulties.

Furthermore, there may be a link between believing one is overscheduled and experiencing lower levels of other aspects of self-competence beyond global self-worth. Specifically, individuals who reported high levels of overscheduling reported a decreased capacity to make close friends and a decreased satisfaction with physical appearance. First, it may be that individuals who are overscheduled have less time to develop close friendships. However, such individuals may develop a self-critical style because they experience a constant push by external forces to meet seemingly unachievable expectations. When this inability to meet expectations is internalized, these individuals may become overly self-critical and may subsequently have less satisfaction with their physical appearance and be less confident in their ability to develop close relationships.

Limitations.

Despite its promising results, this study has a few limitations which may have impacted its outcomes. First, the overall sample size for the study, the method by which the MOPS subscales were created, and the data supporting the MOPS subscales may not have been sufficient to create a robust instrument. The MOPS items were generated by a theoretical approach. The theoretical approach involved generating items based upon theory and research in the current overscheduling and activity involvement literature. Then the items that were created in this manner were reviewed, revised, and refined by a pool of subject matter experts and by the dissertation committee. The remaining items were clustered together into the three perceived overscheduling subscales. These subscale groupings were based upon overscheduling theory and the researcher's operational definition of the construct. However, the sample size for this study was not sufficient to complete an adequate statistical analysis of the accuracy of these item groupings.

The sample size collected was smaller than the 10:1 subject:item ratio that is recommended for factor analysis to generate subscales. As a result, a factor analysis was not included in the results of the study. Although the sample size was too small for a principal component factor analysis with a varimax rotation, the test was conducted as a supplement for future research considerations (see Appendix C). This factor analysis identifies potential trends for the statistical clustering of items along the factors that make up the components of perceived overscheduling.

Because a factor analysis was not utilized to identify the MOPS's item clusters, some items on the MOPS that may not relate statistically to the construct of perceived

overscheduling may have been included in the subscales. Because of this lack of statistical support for the identified MOPS subscales, the comparison of the MOPS to the Harter and the BYI should be interpreted with some degree of caution.

It is possible that the chance for type 1 error was increased because of multiple comparisons between the MOPS and Harter subscales and the MOPS and the BYI subscales. A Bonferroni correction may have been useful in reducing the likelihood of false positive results, however, it may have subsequently increased the probability of type 2 error.

Other factors beyond sample size, statistical analysis, and item generation could also be considered limitations to this study. The characteristics of the sample used for the study were limiting. The sample consisted of a majority of White males from a private Catholic preparatory school. As a result, the extent to which this study is generalizable to minority groups and females is questionable.

The MOPS Background Information Form also presented some challenges for the research. The MOPS Background Information Form appeared to be confusing for some of the participants, as they had listed homework and school on the form despite being directed not to list these as activities. Although these forms were reviewed by the investigator and this information was not calculated as activities, thinking about such things as activities while completing the MOPS may have skewed individuals' answers. Furthermore, some of the data collected on the background information form was not used in the analyses because it was not reported in a uniform quantitative manner. Data collected under average time per week and time activity occurs for each activity was not

quantitative, as participants wrote in qualitative responses such as year round or varies. As a result, no statistical analysis of this information was completed.

Directions for future research.

The results of this study leave many questions unanswered that may be directions for future research. Creating more robust normative data for the MOPS would be beneficial. Normative data would help to establish the MOPS's statistical power and would assist in more effectively identifying adolescents who perceive they are overscheduled. Completing a principal component factor analysis of the MOPS items with an appropriate subject:item ratio would help to more accurately identify the correct subscale item clusters on the MOPS. Future research comparing the MOPS to other measures of psychosocial and behavioral constructs may wish to address the probability of false positive results created by the multiple comparisons present in this study. Utilizing a Bonferroni correction may reduce the potential for type 1 error that occurred within this research. Adolescents were utilized in this study because of their propensity to be involved in activities; however, younger children are also likely to participate in organized extracurricular activities. It may be beneficial for future studies to focus on the perceived overscheduling of younger children in order to have a clearer understanding of overscheduling's potential effects on development. Furthermore, no data exists regarding the long-term effects of overscheduling. Future research may follow children who are identified as overscheduled to identify if a relationship exists between being overscheduled and behavioral and/or emotional difficulties throughout their lifespan. Also of note for future research may be differences in the effects between different activity types. This study showed that athletic/competitive activities may be more

strongly associated with higher perceived overscheduling and lower global self-worth than other activities. Being pressured to participate in competitive activities may be related to decreased global self-worth; however, the difference in sample size between those participating in competitive pursuits and those who did not was too great to be able to make this assumption. Future research may wish to separate adolescents by activity type to more effectively determine if differences exist between activities. Finally, utilizing the MOPS with other cultural and ethnic groups may assist in identifying whether the impact of overscheduling is isolated to specific populations or exists as a cross-cultural phenomenon.

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Appendix A

MOPS

Age: _____ Grade: _____
 Gender: M / F Date: _____

Racial/Ethnic Background:	
_____ White/Non-Latino	_____ Black/African American
_____ Native American/Alaska Native	_____ Asian
_____ Hispanic/Latino	_____ Hawaiian/Pacific Islander
_____ Other (Please List) _____	

This is a list of how people may feel or think about the extracurricular activities that they are involved with. *Read each statement carefully.* Circle the one response for each statement that most closely fits how you feel or think about your extracurricular activities. Please circle 1 if you Strongly Disagree with the statement, 2 if you Disagree, 3 if you Sometimes Disagree, 4 if you Sometimes Agree, 5 if you Agree and 6 if you Strongly Agree. THERE ARE NO RIGHT OR WRONG ANSWERS.

	Strongly Disagree			Sometimes		Strongly Agree
1. I am always under pressure to do activities.	1	2	3	4	5	6
2. Adults (parents, guardians, coaches, teachers, etc.)	1	2	3	4	5	6
pressure me to do extracurricular activities.						
3. I don't have enough time for the things I like to do.	1	2	3	4	5	6
4. I have plenty of time available to me.	1	2	3	4	5	6
5. I generally like my activities.	1	2	3	4	5	6
6. I feel overwhelmed by all of the activities that I do.	1	2	3	4	5	6
7. There are some activities that I do that I don't enjoy,	1	2	3	4	5	6
but I do them because they are important to other people.						
8. My activities make me feel good about myself.	1	2	3	4	5	6
9. If I stopped being involved in at least one of my	1	2	3	4	5	6
activities, I'd let others down.						
10. I feel restricted by the activities that I'm	1	2	3	4	5	6
involved with.						
11. My parents / guardians pressure me to be involved	1	2	3	4	5	6
in activities.						

<i>Please continue on other side</i>

	Strongly Disagree		Sometimes		Strongly Agree		
12. I have a lot of time to do the things that I want to do.	1	2	3	4	5	6	
13. I wish I was more involved.	1		2	3	4	5	6
14. Adults (parents, guardians, teachers, etc.) encourage me to participate in activities because they did them when they were my age.	1		2	3	4	5	6
15. I do activities despite the fact that I don't think I'm really cut out for them.	1		2	3	4	5	6
16. I feel obligated to do the activities that I do.	1	2	3	4	5	6	
17. Extracurriculars have gotten in the way of my schoolwork.	1		2	3	4	5	6
18. I do the activities I am involved with because I really enjoy them.	1	2	3	4	5	6	
19. I have the time to do what I want.	1	2	3	4	5	6	
20. I feel pressured to participate in activities.	1	2	3	4	5	6	
21. I have little control over my regularly scheduled activities.	1		2	3	4	5	6
22. I have too much free time.	1	2	3	4	5	6	
23. I wish I could be involved in other activities instead of the ones that I do.	1		2	3	4	5	6
24. I do the activities I'm involved with because it will make it easier for me to get into college, get a job or care for my family.	1		2	3	4	5	6
25. If I could cut back on my activities, I would.	1	2	3	4	5	6	
26. There isn't enough time for me to get everything done.	1		2	3	4	5	6
27. I enjoy doing the activities I do outside of schoolwork.	1		2	3	4	5	6
28. I wish I could give up some activities.	1	2	3	4	5	6	
29. I get to choose extracurricular activities that interest me.	1	2	3	4	5	6	
30. It is my choice to participate in the activities that I'm involved with.	1		2	3	4	5	6

*Appendix B***MOPS Background Information Form**

Instructions: Please complete the items below to the best of your knowledge. There are no right or wrong answers. Take your time and print legibly so that your information may be counted for the research.

Do not write your name on this form.

Grade: _____ Age: _____ Date of birth: _____

Gender: M / F

Type of School Attended (circle the one that best describes you):

Public

Parochial

Private Non-religious

Vocational

Home-School Other (explain) _____

Father's Highest Grade/Degree Completed _____

Mother's Highest Grade/Degree Completed _____

Activity Involvement Information

Special Instructions: List your regularly scheduled organized activities. For each activity, indicate the Activity Name, the Average Time Per Week you are engaged in the activity, the Time of Year the activity occurs, and the Type of activity. Follow the instructions below:

Avg Time Per Week: please indicate the average amount of time you spend in this activity per week when the activity is occurring.

Time Activity Occurs: please indicate what time of year the activity takes place. Please state whether it occurs Year Round, Winter, Spring, Summer, Fall. If the activity happens in more than one season but not year round, list all that apply. If the activity happens for less than a full season, do your best to list months.

Activity Type: please indicate the type of the activity you listed. Activities can be grouped into the following categories (see examples next to each type):

*Appendix C***Factor Loadings for MOPS Items**

A principal component factor analysis with a varimax rotation was conducted to identify potential trends of statistical clusters for the MOPS items and the factors that make up the components of Perceived Over-Scheduling. The results of the factor analysis can be seen in Table C1. Factor 1 represents items that statically clustered together related to pressure from external forces to participate. The items listed clustered under Factor 2 represent items related to a feeling of being overwhelmed by participation in extracurriculars. Items under Factor 3 are related to a lack of preference for one's activities. These results support the hypothesized existence of three components (feelings of being overwhelmed, pressure to participate, and non-preference) as the contributing factors to Perceived Over-Scheduling. The results of the factor analysis revealed that some of the items on the MOPS were statically related to multiple factors. Item number 21 "I have little control over my regularly scheduled activities" did not appear to relate to any of the three identified factors.

Table C1

Factor Loadings for MOPS Items

MOPS Item	Factor		
	1	2	3
20. I feel pressured to participate in activities.	.731	—	—
11. My parents/guardians pressure me to be involved in activities.	.708	—	—
2. Adults (parents, guardians, coaches, teachers, etc.) pressure me to do extracurricular activities.	.664	—	—

12. Adults (parents, guardians, teachers, etc.) encourage me to participate in activities because they did them when they were my age.	.597	___	___
1. I am always under pressure to do activities.	.587	___	___
13. I feel obligated to do the activities that I do.	.578	___	___
7. There are some activities that I do that I don't enjoy, but I do them because they are important to other people.	.534	___	___
14. Extracurriculars have gotten in the way of my schoolwork.	.521	___	___
15. I feel restricted by the activities that I'm involved with.	.504	.483	___
16. I wish I could give up some activities.	.502	.	___
401 .412			
9. If I stopped being involved in at least one of my activities, I'd let others down.	.502	___	___
17. I do activities despite the fact that I don't think I'm really cut out for them.	.444	___	___
12. I have a lot of time to do the things I want to do.*	___	.820	___
18. I have the time to do what I want.*	___	.807	___
3. I don't have enough time for the things I like to do.	___	.796	___
4. I have plenty of time available to me.*	___	.730	___
19. There isn't enough time for me to get everything done.	___	.629	___
6. I feel overwhelmed by all of the activities that I do.	.424	.618	___

20. I do the activities I'm involved with because it will make it easier for me to get into college, get a job or care for my family.	___	.530	___
21. I have too much free time.*	___	.498	___
22. If I could cut back on my activities, I would.	___	.494	___
23. I have little control over my regularly scheduled activities.	___	___	___
5. I generally like my activities.*	___	___	.763
24. I get to choose extracurricular activities that interest me.*	___	___	.668
25. I do the activities I am involved with because I really enjoy them.*	.449	___	.637
26. I wish I could be involved in other activities instead of the ones that I do.	___	___	.620
27. I enjoy the activities that I do outside of schoolwork.*	___	___	
	.617		
28. It is my choice to participate in the activities that I'm involved with.*	___	___	.581
8. My activities make me feel good about myself.*		___	___
	.547		
29. I wish I was more involved.*	.402	___	-.542

Note. * = reverse scored item.